

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581330

FILING DATE

6-1-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4		1					
5							
6							
7							
8							
9							
10		1					
11	1						
12							
13							
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18							
19							
20		1					
21							
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48							
49							
50							
TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	18	←		←		←	
TOTAL CLAIMS	20						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.				↓			
TOTAL DEP.			←			←	
TOTAL CLAIMS							